



UNIVERSITY HOSPITAL

Newark, New Jersey

MANAGER/SUPERVISOR PERFORMANCE APPRAISAL

Employee Name:	<input type="text"/>	Hospital ID:	<input type="text"/>
Position Title:	<input type="text"/>		
Department:	<input type="text"/>		
Appraisal Type: Probationary <input type="checkbox"/> Annual <input type="checkbox"/> Reappraisal <input type="checkbox"/>		Evaluation Period: From <input type="text"/> To <input type="text"/> Month/Year Month/Year	

INSTRUCTIONS:

1. At the beginning of each annual evaluation period list the performance goals for the coming year on page three. Also place a check mark to the left of any competency statement on page two requiring particular attention by the Manager/Supervisor. Give a copy to the Manager/Supervisor.
2. At the end of the evaluation period, make a determination of the extent to which the Manager/Supervisor met the Competency standards for each category. Enter a numeric score for each category, using the Ratings Guidelines below.
3. For each standard indicate in the right margin, a plus (+) where performance deserves recognition, or a minus (-) where performance needs attention.
4. Complete the Performance Goals section by following the instructions on page 3.
5. Review the entire evaluation. Using the Rating Guidelines, place the corresponding number that best describes your assessment of overall performance in the Overall Rating section on page 4.
6. Identify any increase in salary on page 4. Give the Manager/Supervisor the opportunity to record his/her comments.

RATING GUIDELINES:

- ⑤ This staff member has made significant contributions to advance the position of the department and/or Hospital toward excellence and prominence. Only a small percentage of staff members who exhibit uniform excellence and initiative will receive this rating.
- ④ This staff member has been instrumental to the department's success and has performed in an exemplary manner.
- ③ This staff member is proficient. Performance is what is expected of a fully qualified and experienced person.
- ② This staff member occasionally fails to exhibit proficiency in the job. Improvement is necessary to meet the expectations for acceptable performance.
- ① This staff member has serious deficiencies in key areas. Performance fails to meet expectations and is not acceptable.

MANAGER/SUPERVISOR COMPETENCIES

ADMINISTRATIVE COMPETENCIES

RATING

+

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- | | | | |
|--------------------------|--|--------------------------|--------------------------|
| <input type="checkbox"/> | Creates effective work plans; identifies the appropriate resources and processes; sets priorities; delegates authority and meets deadlines. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Incorporates control systems that monitor workflow and ensure task completion. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Ensures department compliance with regulatory standards such as Joint Commission, OSHA, DOH, EEOC, etc., so that no serious citations exist. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Understands and adheres to University Hospital's compliance standards as they appear in University Hospital's Corporate Compliance Policy, Code of Conduct, and Conflict of Interest Policy; sponsors and implements initiatives to achieve the Hospital's compliance goals. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Enforces for all subordinates and personally complies with all Hospital disease prevention and control, including tuberculosis and hepatitis B. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Ensures that budget dollars are used responsibly; introduces innovative ways to reduce costs. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Identifies customer needs and takes action to meet those needs; continually searches for ways to increase customer satisfaction. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Emphasizes the need to deliver quality services; defines standards for quality and evaluates processes against those standards in an effort to improve departmental performance. | <input type="checkbox"/> | <input type="checkbox"/> |

CATEGORY SCORE:

11

LEADERSHIP/STAFF MANAGEMENT:

RATING

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- | | | | |
|--------------------------|---|--------------------------|--------------------------|
| <input type="checkbox"/> | Demonstrates knowledge of the Hospital's mission and values and their relationship to the department's work. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Demonstrates the ability to take charge; gains support and commitment; initiates actions and makes logical decisions. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Fosters team spirit through cooperation and trust; leads by example | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Initiates new and unique ideas; assumes risk and accepts responsibility for results. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Acts professionally and responsibly within and outside of the Hospital; contributes to a positive image. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Hires competent staff; creates and develops work teams through coaching, training, and education. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Provides staff with continual feedback; conducts all performance appraisals on time; recognizes and celebrates exceptional performance and takes corrective action to improve poor performance. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Recognizes the existence of, and the need for, diversity in the workplace; supports the employment, education, and development of minorities and protected classes; ensures that decisions are based on the principles of equal employment opportunity. | <input type="checkbox"/> | <input type="checkbox"/> |

CATEGORY SCORE:

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WORK METHODS AND QUALITIES:

RATING

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- | | | | |
|--------------------------|--|--------------------------|--------------------------|
| <input type="checkbox"/> | Expresses self well in verbal and written communication; keeps all appropriate individuals informed regarding progress or problems. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Accepts the perspectives of others and maintains a positive attitude. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Analyzes own departmental needs and improves capabilities to meet the changing requirements of the job; ensures or enhances professional position. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Demonstrates flexibility; adjusts to shifting priorities; stays focused during stressful or difficult situations. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Works effectively as a member of a team; contributes to the achievement of joint objectives. | <input type="checkbox"/> | <input type="checkbox"/> |

CATEGORY SCORE:

7

EVALUATOR'S COMMENTS:

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PERFORMANCE GOALS

INSTRUCTIONS:

- List goals by order of importance.
- Review goals periodically and make changes to this section if goals or priorities change during the year.
- At the end of the evaluation period, rate each goal individually using the Rating Guidelines listed on page one of the form.
- Consider your individual rating for each goal relative to its priority. Assign a numeric category score for overall goal achievement.

PRIORITY RATING	GOAL DESCRIPTION	RESULTS and COMMENTS	RATING
1			
2			
3			
4			
5			
6			

CATEGORY SCORE FOR PERFORMANCE GOALS:

EVALUATOR: Discuss your assessment of the Manager's/Supervisor's developmental needs, suggest ways the Manager/Supervisor can meet those needs, and how you plan to help.

MANAGER/SUPERVISOR: Discuss your thoughts on this evaluation and identify the specific ways the Hospital can help you optimize your performance.

OVERALL RATING:

I have reviewed my job description as of this date and it is consistent with my present position responsibilities.

Staff Member's Signature: _____

Date: / /
mm dd yy

Note: Staff member's signature indicates review and discussion.

Evaluator's Name: _____

Signature: _____

Date: / /
mm dd yy

**Next Level
Manager's Name:** _____

Signature: _____

Date: / /
mm dd yy